REMARKS/ARGUMENTS

Claim Rejections 35 U.S.C. §112.

["Patient-Side"]

The phrase "patient-side" decision support system was intended to indicate that the physician support system was usable at a patient's side (as in the term "bedside"), for example, per paragraph [0029] describing a figure "showing a handheld terminal for use by the physician at the patient's side".

In light of the Examiner's comments, the Applicant realizes that this could be confusing to those reviewing the claims because of recent usage of the "-side" suffix in phrases like "client-side", or "server-side". Accordingly, this phrase has been replaced with "point-of-care" to eliminate this ambiguity. It is believed that this change does not materially affect the claims because the intended meaning is clear from a close reading of the specification and, therefore that no new matter has been introduced.

[Claim 1 step (c)]

The function performed in (c) of claim 1 is the function of conditionally allowing access by a physician to physician support features. The antecedent to the condition is the entry of a specific diagnosis code per step (b) and the satisfaction of the condition is the physician being able to use the physician support features.

In the preferred embodiment, the physician support features are treatment options, evidence based information for physicians, and patient handouts all of which are related to treatment of a disease identified by the entered diagnosis code. Access to these features is granted by allowing the physician to view the features on the handheld terminal. Applicant encourages the Examiner to call the undersigned by phone if there are additional questions related to this language.

["Whereby Clause"]

The Examiner is correct that the "whereby" clause does not form a limitation to the claim. The Applicant is willing to remove this clause if the Examiner believes

the clarity of the claim would be improved or the Examiner is authorized to remove this clause by Examiner's amendment.

[Claim 5]

Claim 5 has been amended to replace the phrase "technical references" with the phrase "physician educational information" so as to provide for proper antecedent basis in claim 5. It is believed that this change does not materially affect the claims because the intended meaning is described as information states 48, 50 and 52 in paragraph [0034] and, therefore, no new matter has been introduced.

[Claim 7]

Claim 7 has been amended to properly make it dependent on claim 6 as correctly inferred by the Examiner.

[Claim 10]

Applicant believes that claim 10 is consistent with claim 1 as is best understood by referring to Fig. 13 and paragraph [0056]. Here it is noted that a selection by the physician of the prose description 127 of a diagnosis code 126 operates as a selection of a diagnosis code 126. The intent of claim 10 is simply to prevent a simple indirect selection of a specific diagnosis code from defeating the claims. Claim 10 has been clarified by indicating that there is a "unique" pre-linked diagnosis code and thus claim 10 is no more than a minor example of element 1(b) of claim 1.

Claim Objections.

Applicant acknowledges that the phrase {types of inputs} is a typographical error and this phrase has been deleted in the amended claim 17.

Claim Rejections 35 U.S.C. §102.

The rejection of claims 1, 4 through 12, and 14 through 19 under 35 U.S.C. §102(b) over Evans is respectfully traversed.

As noted by the Examiner, <u>Evans,</u> like the present invention, provides a method of inputting diagnosis codes and works at a point of care location. Further, it appears with reference to Fig. 18 that <u>Evans</u> provides access to an optional references database 104 that assists the healthcare provider in prescribing medications and administering treatments. This reference database 104 of <u>Evans</u> would arguably be "additional physician support features related to a treatment of a medical diagnosis" as is claimed in claim 1.

Nevertheless, as is apparent from Fig. 20 of <u>Evans,</u> access to the references database 104 is not conditional on the entry of a diagnosis code per claim 1(c). Both the diagnosis codes and the references database are simultaneously available on the same screen and freely selectable in any order desired by the physician. That is, the physician need not enter a diagnosis code through the left hand side of Fig. 20, to access information on related procedures available on the right hand side of Fig. 20.

Perhaps a more relevant section of <u>Evans</u> refers to Fig. 10 and the discussion at col. 7, lines 52-61 in which the physician may access optional practice guidelines. These guidelines allow the physician to consult regarding alternative treatments for various conditions. Yet as is evident from the flow chart of Fig. 10, this treatment information may be obtained directly from the patient data capture box 140 which does not require the input of diagnosis codes.

Accordingly, <u>Evans</u> does not teach the recited limitation of claim 1 to "only after identification of the specific diagnosis code, enable for access by the physician additional physician support features related to treatment of a medical diagnosis represented by the specific diagnosis code."

<u>Evans</u> provides strong evidence that a person of ordinary skill in the art even having access to the required components of: a database, a point of care terminal, diagnosis codes, and physician support materials, would not recognize that the various elements could be linked to incentivize the physicians to capture diagnosis codes or the benefits of doing so.

Claim Rejections 35 U.S.C. §103.

Denny teaches a system of providing a patient with patient handouts, but the access to the handouts is not conditional on the physician providing a diagnosis code. Thus Denny does not remedy the deficiency of Evans described above.

Mayaud as noted by the Examiner, teaches a system which presents a list of treatments ordered according to their frequency of use. However, again, access to this list of treatments is not predicated on the entry of a diagnosis code as required by claim 1.

Thus, even if a person of ordinary skill in the art were led to combine these references, they still would not teach the limitations of claim 1 also incorporated into claims 2-22. Each of these references teaches away from critical insight of the present invention that through a combination of simplifying the entry of diagnosis codes and requiring their entry prior to obtaining desirable information, that physicians can be encouraged to specify exact diagnosis codes allowing sophisticated data mining promoting outcome based medicine as described generally in paragraphs [0001]-[0006] of the present invention and specifically at paragraph [0013] as well as elsewhere in the application. Each of these references teaches that diagnosis codes are only optionally presented to the physician, implying that it is impossible or unreasonable to expect the physician to enter the diagnosis code prior to taking advantage of additional features of the inventions.

In light of these comments and amendments, it is believed that claims 1 through 22 are now in condition for allowance and allowance is respectfully requested.

Although no additional fees are believed due for filing this amendment, if an additional fee is deemed to be due, please charge any fee to Deposit Account No. 17-0055.

Respectfully submitted,

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